

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 433-2018-01207 </div> </div>	
and EEOC			
_____ <i>State or local Agency, if any</i>			
Name (Indicate Mr., Ms., Mrs.) Lynette Clements		Home Phone (252) 536-8991	Year of Birth
Street Address 105 Windmere Ct, ROCKY, NC 27803		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name TOWN OF SHARPSBURG 'POLICE DEPARTMENT'		No. Employees, Members 15 - 100	Phone No. (252) 977-1334
Street Address 100 John J Sharpe Street, SHARPSBURG, NC 27878		City, State and ZIP Code	
Name		No. Employees, Members	Phone No.
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> RACE</div> <div><input type="checkbox"/> COLOR</div> <div><input type="checkbox"/> SEX</div> <div><input type="checkbox"/> RELIGION</div> <div><input type="checkbox"/> NATIONAL ORIGIN</div> <div><input checked="" type="checkbox"/> RETALIATION</div> <div><input type="checkbox"/> AGE</div> <div><input type="checkbox"/> DISABILITY</div> <div><input type="checkbox"/> GENETIC INFORMATION</div> <div><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE <div style="display: flex; justify-content: space-between;"> <div> Earliest 01-11-2018 </div> <div> Latest 01-11-2018 </div> </div> <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> CONTINUING ACTION </div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)). I. On January 11, 2018, I was discharged from the position of Lieutenant. I was hired by Respondent in December 2014. Respondent employs more than fifteen (15) person. II. Through my attorney, I was informed that I was discharged for failing to take evidence to the SBI lab on time -which would have been back in May 2017. Also, I was placed on administrative duty with pay a few days after September 8, 2017, because when I was sent to a fitness for duty test, a few days earlier, I wrote in the form that I was not participating voluntarily but was being made to do so by the Chief, John Hunt, and refused to change it. I did sign the fit for duty request and REMOVED the statement that I did Not volunteer as required I passed and was later sent for a Psychological evaluation in which I passed. III. I believe that I have been retaliated against for filing EEOC Charge Number: 433-2017-03171 in violation of Title VII of the Civil Rights Act of 1964, as amended, and because of my disability in violation of the Americans with Disabilities Act of 1990, as amended.			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY - When necessary for State and Local Agency Requirements
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
Digitally signed by Lynette Clements on 05-09-2018 07:46 PM EDT	